

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/

PCT
DEMAND

CHAPTER II

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation

For international Preliminary Examining Authority use only

Identification of IPEA	Date of receipt of DEMAND
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Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agents file reference JSB:FP20705
International application No. PCT/AU2004/001577	International filing date (day/month/year) 15 November 2004	(Earliest) Priority date (day/month/year) 14 November 2003
Title of the invention METHOD FOR MICROBE AND ENZYME DISCOVERY		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) COMMONWEALTH SCIENTIFIC AND INDUSTRIAL RESEARCH ORGANISATION LIMESTONE AVENUE CAMPBELL ACT 2612		Telephone No. Facsimile No. Teleprinter No. Applicant's Registration No. with the office
State (that is, country) of nationality: Australia	State (that is, country) of residence: Australia	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) BRIDGER, John, Stephen 24A Lansdown Street Balwyn North, Victoria 3104 Australia		
State (that is, country) of nationality: Britain	State (that is, country) of residence: Australia	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country) OCAL, Gunseli 24A Lansdown Street Balwyn North, Victoria 3104 Australia		
State (that is, country) of nationality: Australia	State (that is, country) of residence: Australia	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Continuation of Box No. II APPLICANT(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

DUMSDAY, Geoffrey
18 Stockmans Drive
Vermont South, Victoria 3133
Australia

State (that is, country) of nationality:
Australia

State (that is, country) of residence:
Australia

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

ZACHARIOU, Michael
7 Gibbon Avenue
Vermont South, Victoria 3133
Australia

State (that is, country) of nationality:
Australia

State (that is, country) of residence:
Australia

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

State (that is, country) of nationality:

State (that is, country) of residence:

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

State (that is, country) of nationality:

State (that is, country) of residence:

Further applicants are indicated on a continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is agent common representative
 and has been appointed earlier and represents the applicant(s) also for international preliminary examination.
 is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked
 is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)</i> Griffith Hack 509 ST KILDA ROAD MELBOURNE VIC 3004	Telephone No.
	+61 3 9243 8300
	Facsimile No.
	+61 3 9243 8333
Teleprinter No.	
Agent's Registration No. with the office	

Address for correspondence: Mark this checkbox where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments***

1. The applicant wishes the international preliminary examination to start on the basis of:

The international application as originally filed

the description as originally filed
 as amended under Article 34

the claims as originally filed
 as amended under Article 19 (together with any accompanying statement)
 as amended under Article 34

the drawings as originally filed
 as amended under Article 34
2. The applicant wishes any amendment to the claim under Article 19 to be considered reversed.
3. Where the IPEA wishes to start the international preliminary examination at the same time as the international search in accordance with Rule 69.1(b), the applicant requests the IPEA to postpone the start of the international preliminary examination until the expiration of the applicable time limit under Rule 69.1(d).
4. The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no checkbox is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purpose of international preliminary examination: ENGLISH

which is the language in which the international application is filed

which is the language of a translation furnished for the purposes in international search

which is the language of publication of the international application

which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box no. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

		For International Preliminary Examining Authority use only	
		received	not received
1.	translation of international application:	sheets	<input type="checkbox"/>
2.	amendments under Article 34:	sheets	<input type="checkbox"/>
3.	copy (or where required, translation) of amendments under Article 19:	sheets	<input type="checkbox"/>
4.	copy (or where required, translation) of statement under Article 19:	sheets	<input type="checkbox"/>
5.	letter:	sheets	<input type="checkbox"/>
6.	other (specify):	sheets	<input type="checkbox"/>

The demand is accompanied by the item(s) marked below:

1. <input checked="" type="checkbox"/> fee calculation sheet	5. <input type="checkbox"/> statement explaining lack of signature
2. <input type="checkbox"/> original separate power of attorney	6. <input type="checkbox"/> sequence listing in electronic form
3. <input type="checkbox"/> original general power of attorney	7. <input type="checkbox"/> tables in electronic form related to a sequence listing
4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	8. <input type="checkbox"/> other (specify):

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand)

30/08/2005

Andrew Morton

Date

of Griffith Hack for and behalf of the applicant(s)

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1. Date of actual receipt of DEMAND:		
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):		
3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply	6. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.	
<input type="checkbox"/> The applicant has been informed accordingly	7. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.	
4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of rule 80.5	8. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.	
5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.		

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Demand received from IPEA on:

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

<p>International application No. PCT/AU2004/001577</p> <p>Applicant's or Agent's file reference JSB:FP20705</p> <p>Applicant COMMONWEALTH SCIENTIFIC AND INDUSTRIAL RESEARCH ORGANISATION</p>	<p>For International Preliminary Examining Authority use only</p> <p>Date stamp of the IPEA</p>								
<p>Calculation of prescribed fees</p> <p>1. Preliminary examination fee</p> <p>2. Handling fee (<i>Applicants from certain states are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)</p> <p>3. Total prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box</p>									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">P</td> <td style="width: 50%; text-align: center; padding: 5px;">H</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">TOTAL</td> </tr> </table>		P	H	TOTAL					
P	H								
TOTAL									
<p>Mode of Payment</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> authorisation to charge deposit account with the IPEA (see below)</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> cash</td> </tr> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> cheque</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> revenue stamps</td> </tr> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> postal money order</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> coupons</td> </tr> <tr> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> bank draft</td> <td style="width: 50%; padding: 5px;"><input type="checkbox"/> other (<i>specify</i>): _____</td> </tr> </table>		<input type="checkbox"/> authorisation to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	<input type="checkbox"/> bank draft	<input type="checkbox"/> other (<i>specify</i>): _____
<input type="checkbox"/> authorisation to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash								
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<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons								
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (<i>specify</i>): _____								
<p>Authorisation to Charge (or Credit) Deposit Account (<i>This mode of payment may not be available at all IPEA's</i>)</p> <p><input type="checkbox"/> Authorisation to charge the total fees indicated above</p> <p><input type="checkbox"/> (<i>this check box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorisation to charge any deficiency or credit any overpayment in the total fees indicated above</p>									
<p>IPEA/ _____</p> <p>Deposit Account Number _____</p> <p>Date _____</p> <p>Name _____</p> <p>Signature _____</p>									